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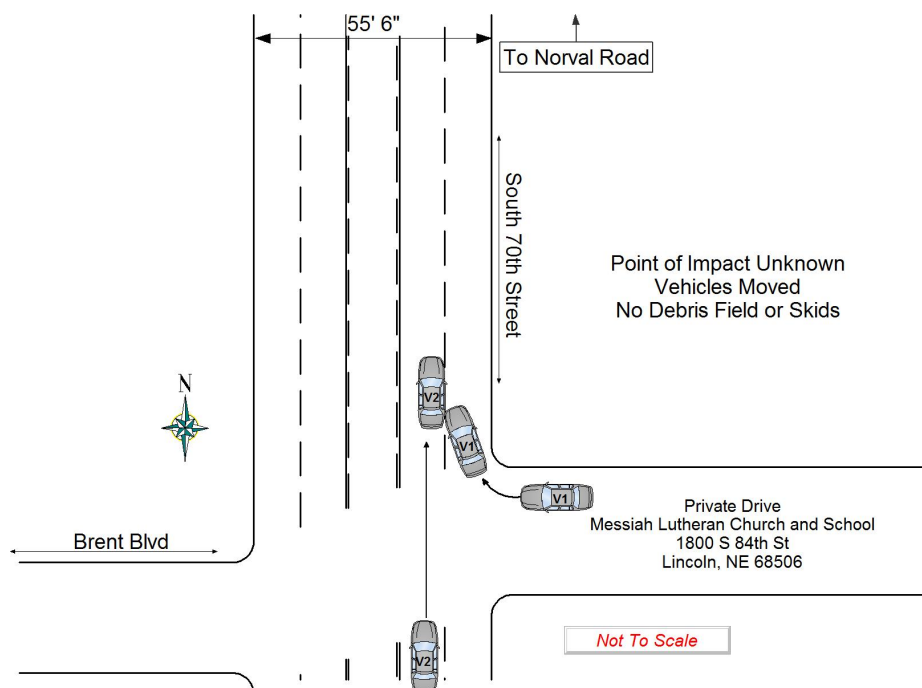
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 189	Agency Case No. B5-092458	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/04/2015		(In Military Time) TIME OF ACCIDENT 1646	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1646	10/04/2015	
B 67	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. South 84th, Brent Blvd - Norval Rd			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
			35.00	X	Brent Blvd	
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	01327007			STATE (Of License)	SD SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	LAUREN A BRUDIGAN			PHONE 605-553-7047	LOCAL NO.
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP 1545 S STREET, LINCOLN, NE 68508			DATE OF BIRTH (MM / DD / YYYY)	06/24/1996
G 4	OWNER	MICHAEL A BRUDIGAN			PHONE 605-351-2109	LOCAL NO. W/M 06-24-1964
H 5	OWNER ADDRESS	CITY, STATE, ZIP 1909 S. COPPER CREST TRL, SIOUX FALLS, SD 57110			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/O 2	LICENSE PLATE PA NO.	1ZJ997			YEAR (Plate Expires) 2016	STATE (Of Plate) SD
V2/O 2	VEHICLE	YEAR 2009	MAKE Volkswagen	MODEL Passat	BODY STYLE 4 door Sedan	COLOR silver / chrome ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500
I 1	VEHICLE ID NO. (VIN)	WVWJK73C69P001641			INSURANCE COMPANY	STATE FARM INSURANCE
TOWED TO			TOWED BY			POLICY NO. 105-9087-C05-41H
VEHICLE NO. 2						
V1/P 1	DRIVER LICENSE NO.	01273808			STATE (Of License)	SD SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V2/P 1	DRIVER	NOELLE M YEO			PHONE 605-521-5204	LOCAL NO.
J 01	DRIVER ADDRESS	CITY, STATE, ZIP 8235 NORTHWOODS DR, APT #105, LINCOLN, NE 68505			DATE OF BIRTH (MM / DD / YYYY)	12/16/1994
V1/Q 4	OWNER	LAURA BOOTON / JOSHUA BRENDE			PHONE 402-580-2747	LOCAL NO. W/F 11-01-1966
V2/Q 4	OWNER ADDRESS	CITY, STATE, ZIP 8931 BERG DR, LINCOLN, NE 68505			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
K 01	LICENSE PLATE PA NO.	SKT879			YEAR (Plate Expires) 2015	STATE (Of Plate) NE
V1/R 4	VEHICLE	YEAR 2009	MAKE Chevrolet	MODEL Impala	BODY STYLE 4 door Sedan	COLOR black ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1000
V2/R 4	VEHICLE ID NO. (VIN)	2G1WB57K391262047			INSURANCE COMPANY	USAA GENERAL INSURANCE
TOWED TO			TOWED BY			POLICY NO. 03265 35 49G
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



D1 indicated she was making a right turn onto South 84th Street from the driveway of 1800 South 84th Street. D1 indicated she was turning into the curb lane & believes she stayed in the curb lane while making the turn to go NB on South 84th. D1 indicated as she was completing the turn there was an impact with V2 which she did not see before the accident occurred. D2 indicated she was NB on South 84th Street at an estimated speed of 30mph in the center lane. D2 indicated she was still traveling NB in the center when V1 pulled onto South 84th Street, crossed the lane line & struck her vehicle. There were no witnesses & no debris or skids to determine where the point of impact occurred.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$												
	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE \$												
WITNESSES	NAME								ADDRESS								PHONE												
	NAME								ADDRESS								PHONE												
VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)					AIRBAG DEPLOYED VEHICLE 1					RESTRAINT USE VEHICLE 1					TOTAL OCCUPANTS		VEH 1	1	VEH 2	1				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME															ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian					
1				X	PRIVATE DRIVE					VEHICLE 1					VEHICLE 2														
2	X				SOUTH 84TH					POINT OF IMPACT	08	POINT OF IMPACT	04																
1	05				06 Turning left 07 Making U-turn					MOST DAMAGED AREA	08	MOST DAMAGED AREA	04																
2	01				08 Entering traffic lane																								
01 Essentially straight ahead					09 Leaving traffic lane					00 None					02					03					04				
02 Backing					10 Parked					09 Top & windows					01										05				
03 Changing lanes					11 Slowing or stopped in traffic					10 Undercarriage																			
04 Overtaking/ Passing					12 Other					11 Total (all areas)																			
05 Turning right					13 Unknown					12 Other					08					07					06				
OFFICER NO. 763					TROOP/ TEAM/ BEAT 5					DEPARTMENT Lincoln Police Department										ALCOHOL/ DRUGS SUSPECTED					Driver No. 1 1	Driver No. 2 1			
INVESTIGATOR NAME (Print or Type) Brian Hoefer					INVESTIGATOR SIGNATURE Approved by Officer Brian Hoefer					DATE OF REPORT 10/04/2015					PHOTOGRAPHS TAKEN? YES X NO														